U.S. Department of Labor

Occupational Safety and Health Administration
Wichita Area Office
271 W. Third St. N., Suite 400
Wichita, KS 67202
Telephone Nr: 316-269-6644
Kansas Toll Free Nr: 1-800-362-2896
Fax Nr: 316-269-6185

Reply to the Attention of: Judy Freeman

May 23, 2013

Muckrock News
DEPT MR 2917
P.O. Box 55819
Boston, MA 02205-5819

Re: OSHA Inspections for the Bartlett Grain Elevator located in Atchison, KS FOIA #719243

Dear Mr. Morisy:

This is in response to your Freedom of Information request dated May 16, 2013 and received in our office on May 20, 2013. These records are now available and have been enclosed for your information.

You will note some information has been removed from the documents. This is authorized under the rules and regulations, including exemptions, contained in the Freedom of Information Act 5 U.S.C. 552(a) & (b) and 29 CFR 70.3. Actual sections deleted are indicated on the released portion of the record at the place in the record where such deletion is made, with numbered exemptions noted in each case. For specific numbers and wording of exemptions, please refer to attachment #1.

Failure to mention any additional exemptions which may be applicable to the items withheld shall not constitute a waiver of such exemptions.

You have the right to appeal this partial denial response. If you wish to appeal, you may do so through the Solicitor of Labor under 29 C.F.R. § 70.22. The appeal must be filed within 90 days from the date the response was received. The letter should state in writing the grounds for appeal, including any supporting statements or arguments. To facilitate processing, the appeal should include copies of the initial request and the response of the disclosure officer. Address the appeal to Solicitor of Labor, U.S. Department of Labor, 200 Constitution Avenue, NW, Room N2428, Washington, D.C. 20210. The appeal and the envelope must be marked "FOIA APPEAL."

Inasmuch as the disclosed copied photographs are very poor, you may request in writing, at cost to you, professional copies be made. This office will make arrangements for professional reproduction.

Since the search and copying charges totaled less than $5.00 all fees have been waived.

If we can be of further assistance to you, please feel free to contact our office.

Sincerely,

Judy A. Freeman
Area Director

Enclosures

ATTACHMENT #1

5 U.S.C. 552(b) This section does not apply to matters that are --

(2)Related solely to the internal personnel rules and practices of an agency;

(4)Trade secrets and commercial or financial information obtained from a person and privileged or confidential;

(5)Inter-agency or intra-agency memorandums or letters which would not be available by law to a party other than an agency in litigation with the agency;

(6)Personnel and medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of personal privacy;

(7)Records or information compiled by law enforcement purposes, but only to the extent that the production of such law enforcement records of information:

(A)Could reasonably be expected to interfere with enforcement proceedings,

(B)Would deprive a person of a right to a fair trial or an impartial adjudication,

(C)Could reasonably be expected to constitute an unwarranted invasion of personal privacy,

(D)Could reasonably be expected to disclose the identity of a confidential source, including State, Local or foreign agency or authority of any private institution which furnished information on a confidential basis, and, in the case of a record of information compiled by a criminal law enforcement authority in the course of a criminal investigation or by an agency conducting a lawful national security intelligence investigation, information furnished by a confidential source,

(E)Would disclose techniques and procedures for law enforcement investigations or prosecutions, or would disclose guidelines for law enforcement investigation or prosecutions if such disclosure could reasonably be expected to risk circumvention of the law, or

(F)Could reasonably be expected to endanger the life or physical safety of any individual.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Report

Thu Mar 8, 2012 12:48pm

Rpt ID	Assignment Nr.	CSHO ID	Supervisor ID	Inspection Nr.	Opt. Insp. Nr.
0729700	0	7c7e	7c7e	316034339	

Establishment Name	Bartlett Grain Company, LP				
Site Address	324 Riverfront Rd. Atchison, KS 66002	Site Phone	(816) 714-3535	Site FAX	
Mailing Address	324 Riverfront Rd. Atchison, KS 66002	Mail Phone	(816) 714-3535	Mail FAX	
Controlling Corp	Bartlett and Company	Employer ID		4	
Ownership	A. Private Sector	City	0260	County	005
Legal Entity		Previous Activity (State Only)			

Related Activity					
Type	Number	Satisfied	Type	Number	Satisfied
A. Accident	101346484				

Employed in Establishment	4	Advance Notice?	No	Category	H. Health
Covered By Inspection	4	Union?	No	Interviewed?	No
Controlled By Employer	4	Walkaround?	No		
Primary SIC	5153	Secondary SIC		Inspected	
Primary NAICS	424510	Secondary NAICS		NAICS Inspected	

Inspection Type	G. Unprogrammed Related	Reason No Inspection	I. Other
Scope of Inspection	D. No Inspection		
Classification			
Strategic Initiatives			
National Emphasis			
Local Emphasis	GRAIN GRAIN ELEVATORS		

Anticipatory Warrant Served?	No	Denial Date	Date ReEntered	Date ReDenied	ReEntered
Anticipatory Subpoena Served?	No				

Entry	10/30/11		First Closing Conference		
Opening Conference	10/30/11		Second Closing Conference		
Walkaround	10/30/11		Exit		
Days On Site	4		Case Closed	03/08/12	
			No Citations Issued	X	

Type	ID	Optional Information
N	20	DUE EP 03052012
N	01	316034032

CSHO Signature	7c7e	Date	3/8/12

Inspection Narrative

Thu Mar 8, 2012 12:48pm

Inspection Nr.	316034339
Opt. Case Number	

Establishment Name	Bartlett Grain Company, LP		
Legal Entity		Type of Business	Grain and Bean Merchant

Additional Citation Mailing Addresses

Organized Employee Groups

Authorized Employee Representatives

Employer Representatives Contacted

Name	Title	Function	Walk Around?
TC	TC		

Other Persons Contacted

TC

TC

Entry	10/30/11		First Closing Conference		
Opening Conference	10/30/11		Second Closing Conference		
Walkaround	10/30/11		Exit		
			Case Closed	03/08/12	

Penalty Reduction Factors					
Size	0	Good Faith	0	History	0

Followup Inspection?	N	Reason	

Coverage Information/Additional Comments

HEALTH NARRATIVE

Inspection Number	316034339

COVERAGE INFORMATION

Bartlett Grain Comany, LP has facilities in states other than Kansas.

NATURE AND SCOPE

Check Applicable Boxes and Explain Findings:

☐ Complaint Items

☐ Referral Items

☒ Accident Investigation Summary & Findings
Fatality investigation team of CSHO 7c7e and CSHO 7c7e

☒ LEP
Health inspection by CSHO 7c7e in accordance with the Grain Handling LEP (joint safety and health inspections at all grain handling facilities).

☐ Planned Inspection

NATURE AND SCOPE -- UNUSUAL CIRCUMSTANCES (Mark X and explain all that apply:)

☒ None

☐ Denial of entry (see denial memo)

☐ Delays in conducting the inspection

☐ Strikes

☐ Jurisdictional Issues

☐ Trade Secrets

☐ Other

Comments:

OPENING CONFERENCE NOTES: WAO was notified of an explosion at the Bartlett Grain Company, LP (Bartlett) elevator, Atchison River Terminal, which occurred at approximatley 7:00 pm on October 29, 2011. There were six fatalities; four of victims were Bartlett employees and two of the victims were Kansas Grain Inspection Services, Inc. (KGIS) employees. In addition, two other Bartlett employees were injured. The damage to the elevator was extension; the elevator was ultimately demolished.

7c7e Acting Area Director/WAO; 7c7e Acting Area Director/OAO; 7c7e CSHO; 7c7e 7c7e CSHO; 7c7e CSHO participated in the fatality investigation. CSHO 7c7e developed the fatality investigation case file, Inspection #316034032. In addition to the fatatlity investigation/safety inspection, a health

inspection was conducted in accordance with the Grain Handling LEP. CSHO 7c7e developed the health inspection case file, Inspection #316034339.

RECORDKEEPING
(Copy of OSHA 200's for General Industry must be in casefile)

Records (Mark "X" as appropriate)

[ ] OSHA 100

[ ] OSHA 101

[ ] OSHA 102

[x] OSHA 300

Supplementary Health

[ ] Yes [x] No

Specify:

Poster

[x] Yes [ ] No

Location of Poster:

Additional Comments:

WALKAROUND OBSERVATIONS/UNUSUAL OCCURRENCES:

CSHOs 7c7e and 7c7e requested information and documentation.

CSHOs 7c7e and 7c7e conducted interviews with management and employees. 7c7e — SOL was present for some of the interviews. All interviews recorded and transcribed.

OSHA EXPOSURE MONITORING.

Performed?:

[x] Yes [ ] No

Sampled For: Grain/dust samples collected from various locations inside the elevator and the truck dump as part of the fatality investigation - see Inspection #316034032. No samplling was conducted for the health inspection.

Full Shift/Screening:

Significant Delay(s)?

[ ] Yes [ ] No

If yes, explain:

EMPLOYER'S OCCUPATIONAL HEALTH PROGRAM

MONITORING PROGRAM

Is any sampling being performed?
[ ] Yes [x] No

If Yes, Describe:Hazard By Whom Method Frequency

Were overexposures documented by the employer?
[ ] Yes [ ] No
Were results obtained by CSHO/IH?
[ ] Yes [ ] No

MEDICAL SURVEILLANCE PROGRAM

Does the employer have a medical program?
[x] Yes [ ] No
Are any programs required by OSHA health standards?
[x] Yes [ ] No
Were any deficiencies noted on frequency, protocol or records?
[ ] Yes [x] No

[ ] Yes [ ] No

[ ] Yes [ ] No

EDUCATION AND TRAINING PROGRAM

Does the employer have an education and training program?
[x] Yes [ ] No
Are any programs required by OSHA health standards (other than the Hazard Communication Standard)?
[ ] Yes [x] No
Were any deficiencies noted on content or frequency?
[ ] Yes [ ] No

RECORDKEEPING PROGRAMS (Other than 29 CFR 1904 requirements)

Does the employer have a recordkeeping program relating to any occupational health issues (monitoring, medical, training, respirator fit tests, ventilation measurements, etc.)?
[x] Yes [ ] No
Are any programs required by OSHA health standards?
[x] Yes [ ] No
Were any deficiencies noted on content, frequency or access?
[ ] Yes [x] No

COMPLIANCE PROGRAMS
(engineering controls, PPE, regulated areas, emergency procedures, compliance plans, etc.)

Address any relevant compliance efforts regarding potential health hazards covered by the scope of the inspection.

PERSONAL HYGIENE FACILITIES AND PRACTICES
(showers, lockers, change rooms, etc.)

Are any required by OSHA health standards?
[ ] Yes [x] No
What Standards:
Were any deficiencies noted?
[ ] Yes [ ] No
What:

LABELING AND POSTING POLICIES AND PROCEDURES
(Other than 29 CFR 1903, 29 CFR 1904 and Hazard Communication Standard)

Are any required by OSHA health standards?
[ ] Yes [x] No
What Standards:
Were any deficiencies noted?
[ ] Yes [ ] No
What:

HAZARD COMMUNICATION PROGRAM

Written Program (complete)
[x] Yes [ ] No
MSDS's (all)
[x] Yes [ ] No
Labeling (adequate)
[x] Yes [ ] No
Training (complete)
[x] Yes [ ] No
Copy MSDSs/Programs attached
[x] Yes [ ] No
Comments:

ACCESS TO EXPOSURE & MEDICAL RECORDS - Access to records provided.

FIRE PROTECTION AND EVACUATION PROCEDURES - See Inspection #316034032.

SYSTEMS SAFETY AND EMERGENCY RESPONSE - NA.

RESPIRATOR PROGRAM - Employer's written program was adequate for use at elevator - voluntary use of filtering facepieces and Drager Full face cannister respirator (phosphine).

LOCKOUT TAGOUT/ELECTRICAL SAFE WORKPRACTICES - See Inspection #316034032.

FIRST AID - First aid supplies adequate for facility. Atchison Hospital EMS response within 5 minutes (hospital located approximately 3 miles from elevator).

ELECTRICAL SAFE WORKPRACTICES - See Inspection #316034032.

EXPOSURE CONTROL PLAN - NA.

LABORATORY STANDARD - NA.

ERGONOMIC PROBLEMS

[ ] Yes [x] No

EVALUATION OF EMPLOYER'S OVERALL SAFETY AND HEALTH PROGRAM

General Industry:

[x] Yes [ ] No Employer has a Safety & Health Program

[x] Yes [ ] No Written

[x] Yes [ ] No Copy Attached

Construction Industry:

[ ] Yes [ ] No Accident Prevention Program

[ ] Yes [ ] No Written

[ ] Yes [ ] No Copy Attached

Evaluation of Safety and Health Program
(0=Nonexistent 1=Inadequate 2=Average 3=Above average)

[2] Written S&H Program

[2] Communication to Employees

[2] Enforcement

[ ] Safety Training Program

[2] Health Training Program

[2] Accident Investigation Performed

[2] Preventive Action Taken

Comments:

CLOSING CONFERENCE NOTES:

Were any unusual circumstances encountered such as, but not limited to, abatement problems, expected contest and/or negative employer attitude? If yes, explain below.

[ ] Yes [x] No

No apparent violations. To code OSHA 1 as No Inspection and close case file per RTL on 3/8/12. Employer informed during closing conference for fatality investigation #316034032 that the health inspection was closed with no apparent violations and coded as a No Inspection.

19. Closing Conference Checklist ("x" as appropriate)

- [x] No Violations Observed
- [ ] Gave Copy Employer Rights
- [ ] Reviewed Hazards & Standards
- [ ] Discuss Employer Rights/Obligations
- [ ] Encouraged Informal Conference
- [ ] Offered Abatement Assistance
- [ ] Discussed Consultation Programs
- [ ] Employer/Employee Questionnaires

Closing Conference Held with Employee Representative

- [ ] Jointly
- [ ] Separately

CSHO Signature	TCTe	Date	3/8/12
Accompanied By			

U.S. Department of Labor
Occupational Safety and Health Admin... ration

OSHA-300 Data/Safety and Health Program Evaluation

Thu Mar 8, 2012 12:49pm

Establishment Name	Bartlett Grain Company, LP	Ownership	A. Private Sector
Controlling Corp	Bartlett and Company	Employer ID	431920493

SUMMARY OSHA-300 DATA		Log Year	2008	Data Not Available		Data Not Required		Partial Log Year		# Of Weeks	0
TRC RATE	6.4	DART RATE	0.0	Annual Average Number of Employees	4	Total Hours Worked by All Employees	4				

Number of Cases				Number of Days * Columns may not appear in same order as on paper form.		Injury and Illness Types * Columns may not appear in same order as on paper form.					
(G) Deaths	(H) Days Away	(I) Job Xfer or Restrict	(J) Other Recordable	(*) Nbr Days Away from Work	(*) Nbr Days Job Xfer or Restrict	(M1) Injuries	(M2) Skin Disorders	(M3) Respiratory Conditions	(M4) Poisonings	(*) Hearing Losses	(*) All Other Illnesses
0	0	0	1	0	0	1	0	0	0	0	0

SUMMARY OSHA-300 DATA		Log Year	2009	Data Not Available		Data Not Required		Partial Log Year		# Of Weeks	0
TRC RATE	0.0	DART RATE	0.0	Annual Average Number of Employees	4	Total Hours Worked by All Employees	4				

Number of Cases				Number of Days * Columns may not appear in same order as on paper form.		Injury and Illness Types * Columns may not appear in same order as on paper form.					
(G) Deaths	(H) Days Away	(I) Job Xfer or Restrict	(J) Other Recordable	(*) Nbr Days Away from Work	(*) Nbr Days Job Xfer or Restrict	(M1) Injuries	(M2) Skin Disorders	(M3) Respiratory Conditions	(M4) Poisonings	(*) Hearing Losses	(*) All Other Illnesses
0	0	0	0	0	0	0	0	0	0	0	0

SUMMARY OSHA-300 DATA		Log Year	2010	Data Not Available		Data Not Required		Partial Log Year		# Of Weeks	0
TRC RATE	0.0	DART RATE	0.0	Annual Average Number of Employees	4	Total Hours Worked by All Employees	4				

Number of Cases				Number of Days * Columns may not appear in same order as on paper form.		Injury and Illness Types * Columns may not appear in same order as on paper form.					
(G) Deaths	(H) Days Away	(I) Job Xfer or Restrict	(J) Other Recordable	(*) Nbr Days Away from Work	(*) Nbr Days Job Xfer or Restrict	(M1) Injuries	(M2) Skin Disorders	(M3) Respiratory Conditions	(M4) Poisonings	(*) Hearing Losses	(*) All Other Illnesses
0	0	0	0	0	0	0	0	0	0	0	0